

2/14/2021 6:38 PM FROM: Office Depot #2233 P. 1 / 11

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from

John Doe dba Doe's Limo

GENORIS DARLENE WHITE

dba

WHITE COMPASSION TRANSPORTION LTD. CO.

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET
NUMBER:

2021 - 62 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: GENORIS DARLENE WHITE

Telephone:

(843) 797-6738

Address: 2735 OAK LEAF DRIVE
NORTH CHARLESTON, S.C. 29420-8960

Fax:

Other:

Email:

CELL (843) 367-3685

jesus is lord lady bright eyes 103
@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- ☐ Application - Class A/A Restricted
- ☐ Application - Class C Taxi
- ☐ Application - Class C Charter
- ☐ Application - Class C Charter Bus
- ☒ Application - Class C Non-Emergency
- ☐ Application - Class C Stretcher Van
- ☐ Application - Class E Household Goods
- ☐ Application - Class E Hazardous Waste
- ☐ Application
- ☐ Request for Extension to Comply with Order
- ☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded
- ☐ Request for Cancellation of Certificate
- ☐ Request for Suspension
- ☐ Request for Reinstatement

- ☐ Request for Name Change on Certificate
- ☐ Request to Amend Scope of Authority
- ☐ Request to Amend Tariff (rate increase, etc.)
- ☐ Request to Amend Passenger Limit
- ☐ Request
- ☐ Exhibit
- ☐ Late-Filed Exhibit
- ☐ Letter
- ☐ Proposed Order
- ☐ Publisher's Affidavit
- ☐ Reservation Letter
- ☐ Response
- ☐ Return to Petition
- ☐ Other: _____

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PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - NON-EMERGENCY

Date: 16 FEBRUARY 2021

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. WHITE COMPASSION TRANSPORTATION LTD. CO.

Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

2735 OAK LEAF DRIVE
NORTH CHARLESTON, SOUTH CAROLINA 29420-8960
POST OFFICE BOX 2336 Street Address of Applicant

SUMMERVILLE, SOUTH CAROLINA 29484-2336
Mailing Address of Applicant (if different from street address)

(843) 797-6738
(843) 367-3685

Phone

Fax

jesus is lord lady bright eyes 203 @ gmail. com
Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☐ Individual Owner/Sole Proprietorship
☒ Partnership - List names and address of all person having an interest in the business.
☐ Corporation - List names and addresses of two principal officers.

CENORTS DARLENE WHITE
2735 OAK LEAF DRIVE

NORTH CHARLESTON, SOUTH CAROLINA 29420-8926

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

<u>Assets:</u>		<u>Liabilities:</u>	
Value of Real Estate	\$160,000.00	Mortgage/Loan on Real Estate	\$55,667.06
Value of Motor Vehicles	\$13,000.00	Loans Owed on Motor Vehicles	\$18,239.02
Cash on Hand	\$600.00	Business/Other Loans Owed	\$2,233.83
Cash in Bank	\$401.10	Other Liabilities or Debts	\$00.00
Value of Other Assets and Equipment	\$00.00	Total Liabilities	\$76,139.83
Total Assets	\$174,001.10		

INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

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PROPOSED RATES AND CHARGES FOR SERVICEProposed Rates and Charges:

\$ 500.00 PER HOUR

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.
 You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- | | | | | |
|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Florence | <input type="checkbox"/> Lee | <input type="checkbox"/> Saluda |
| <input type="checkbox"/> Aiken | <input type="checkbox"/> Chester | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington | <input type="checkbox"/> Spartanburg |
| <input type="checkbox"/> Allendale | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion | <input type="checkbox"/> Sumter |
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Clarendon | <input type="checkbox"/> Greenwood | <input type="checkbox"/> Marlboro | <input type="checkbox"/> Union |
| <input type="checkbox"/> Bamberg | <input type="checkbox"/> Colleton | <input type="checkbox"/> Hampton | <input type="checkbox"/> McCormick | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell | <input type="checkbox"/> Darlington | <input type="checkbox"/> Horry | <input type="checkbox"/> Newberry | <input type="checkbox"/> York |
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> Dillon | <input type="checkbox"/> Jasper | <input type="checkbox"/> Oconee | |
| <input type="checkbox"/> Berkeley | <input type="checkbox"/> Dorchester | <input type="checkbox"/> Kershaw | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Edgefield | <input type="checkbox"/> Lancaster | <input type="checkbox"/> Pickens | |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield | <input type="checkbox"/> Laurens | <input type="checkbox"/> Richland | |

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DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

- ☒ 1-7 Passengers, including driver
- ☐ 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT	WHEEL- CHAIR LIFT
FORD	2011 F E-350	1FBNE3BL3BDB02814	4321	X

INSURANCE QUOTE**This form MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

GENORIS DARLENE WHITE

Name of Applicant

2735 OAK LEAF DRIVE

NORTH CHARLESTON, SOUTH CAROLINA. 29420-8960

Address of Applicant

Amount of Premium:

Liability Insurance \$ 4816.00

The above quoted premium is for a term of 12 months.

Minimum Limits - Bodily injury and property damage limits will not be less than the following:

Limits Quoted

Liability Combined Each Occurance	\$ 1,000,000	
Medical Payments per Person	\$ 1,000	

AUTO - OWNERS INSURANCE

Name of Insurance Company

POST OFFICE BOX 1909 BLUFFTON, SOUTH CAROLINA

Home Office Address of Company

29910-1901

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

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Exhibit on Driver Qualifications

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes☐ No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes☐ No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes☐ No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes☐ No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes☐ No

6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes☐ No

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Exhibit Fit, Willing, and Able (FWA)GENORIS DARLENE WHITE

Name

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes☒ No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes☐ No

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PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☐ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☒ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Miss. Genavis D. White
Applicant's Signature

PARTNERSHIP OWNER
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)
COUNTY OF Dorchester)

SWORN TO BEFORE ME
This 2nd day of FEBRUARY, 2021

Genice W. Glover
Notary Public

Commission Expires 4/21/2025

Print Application

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

WHITE COMPASSION TRANSPORTATION LTD. CO., a limited liability company duly organized under the laws of the State of South Carolina on March 23rd, 2020, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal
of the State of South Carolina this 9th day
of February, 2021.

A handwritten signature in black ink that reads "Mark Hammond".
Mark Hammond, Secretary of State

South Carolina Secretary of State Mark Hammond

Business Entities Online

File, Search, and Retrieve Documents Electronically

This filing has been submitted and filed successfully.

Customer Receipt**Request Certified Documents**

Submit a document request at

<https://businessfilings.sc.gov/BusinessFiling/Entity/DocumentRequest>**Transaction Information****Transaction ID: 528859**Entity Name: WHITE COMPASSION
TRANSPORTATION Ltd.
Co.

Receipt Date: 6/2/2020 1:56:53 PM

Payment Type : Check

Name : WHITE COMPASSION
TRANSPORTATION Ltd.
Co.

Check Number : 122337

Note: Your bank statement may reflect that the charge was made by SC.gov.

Filing Information**Contact Information**

Name: Genoris Darlene White

Address: P O Box 2336

Summerville, South Carolina 29484

Charges**Pricing Summary**

Item	Price
Articles of Organization	\$110.00
Total Cost	\$110.00
Total Amount Paid	\$110.00

Documents Filed

Filing ID	Filing Type
200602-1356547 :	<u>Articles of Organization</u>

ANDERSON INS ASSOC
PO BOX 30667
CHARLESTON, SC 29417

PROGRESSIVE
COMMERCIAL

White Compassion Transportation
P O BOX 2336
SUMMERVILLE, SC 29484

Underwritten by:
Progressive Northern Insurance Co
December 28, 2020
Policy Period: Dec 29, 2020 - Dec 29, 2021
Page 1 of 3
Customer Phone number: 1-843-797-6738

Commercial Auto Insurance Quote

Thank you for contacting me about your auto insurance needs. I am pleased to provide you with a quote from Progressive Northern Insurance Co, a company that offers competitive rates and many outstanding services. Progressive gives you access to your policy information through progressiveagent.com, your customized website. Claims service is available 24 hours a day, 7 days a week.

Policy information

Business: Black Car

Quote for 12 month policy period

If you pay your premium in full, you will receive a discount as shown.

Total policy premium	\$4,816.00
Paid in full discount	-675.00
Policy premium if paid in full	\$4,141.00

Payment plans

Electronic Funds Transfer (EFT) assures that your payment is on time. Each payment includes a \$3.00 installment fee.

Payment plan	Total premium	Initial payment	Payments
11 Payments, 9.09% Down	\$4,816.00	\$462.32	9 payments of \$438.37 and 1 of \$438.35
10 Payments, 10.0% Down	\$4,816.00	\$505.90	9 payments of \$481.90
11 Payments, 12.50% Down	\$4,816.00	\$625.63	9 payments of \$422.04 and 1 of \$422.01
11 Payments, 16.67% Down	\$4,816.00	\$825.33	9 payments of \$402.07 and 1 of \$402.04
10 Payments, 20.0% Down	\$4,816.00	\$984.80	8 payments of \$428.69 and 1 of \$428.68
6 Pay, Seasonal, 20.0% Down	\$4,816.00	\$984.80	5 payments of \$769.24
10 Payments, 25.0% Down	\$4,816.00	\$1,224.25	8 payments of \$402.09 and 1 of \$402.03
4 Pay, Seasonal, 25.0% Down	\$4,816.00	\$1,224.25	3 payments of \$1,200.25
2 Payments, 50.0% Down	\$4,816.00	\$2,421.50	1 payments of \$2,397.50

Make payments by mail or at progressiveagent.com. Each payment includes a \$6.00 installment fee.

Payment plan	Total premium	Initial payment	Payments
1 Payment	\$4,141.00	\$4,141.00	None
11 Payments, 9.09% Down	\$4,869.00	\$467.14	9 payments of \$446.19 and 1 of \$446.15
10 Payments, 10.0% Down	\$4,869.00	\$511.20	9 payments of \$490.20
11 Payments, 12.50% Down	\$4,869.00	\$632.25	9 payments of \$429.68 and 1 of \$429.63
11 Payments, 16.67% Down	\$4,869.00	\$834.17	9 payments of \$409.49 and 1 of \$409.42
11 Payments, 20.0% Down	\$4,869.00	\$995.40	10 payments of \$393.36
10 Payments, 20.0% Down	\$4,869.00	\$995.40	9 payments of \$436.40
6 Pay, Seasonal, 20.0% Down	\$4,869.00	\$995.40	5 payments of \$780.72

10 Payments, 25.0% Down	\$4,869.00	\$1,237.50	9 payments of \$409.50
4 Pay, Seasonal, 25.0% Down	\$4,869.00	\$1,237.50	3 payments of \$1,216.50
4 Pay, Quarterly, 25.0% Down	\$4,869.00	\$1,237.50	3 payments of \$1,216.50
2 Payments, 50.0% Down	\$4,869.00	\$2,448.00	1 payment of \$2,427.00
Outside Premium Financing	\$4,869.00	\$4,869.00	None

To purchase insurance

Please review the information on your quote for accuracy; incomplete and inaccurate information could affect your rate. These rates are subject to verification of information. If you have any questions or would like to purchase a Progressive policy, please call me at **1-843-763-7525**. Your coverage will begin once your initial payment has been received. Thanks again for the opportunity to work with you.

Rated drivers

The insured declares that no persons other than those listed in this application are expected to operate, even occasionally, the vehicle(s) described in this application.

Name	Date of Birth	Points	Additional information
Genoris White	10/13/1959	0	

Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$2,836
Bodily Injury and Property Damage Liability	\$1,000,000 combined single limit		
Uninsured Motorist			460
Bodily Injury	\$1,000,000 combined single limit		
Property Damage	(included in combined single limit)	\$200	
Underinsured Motorist			520
Bodily Injury	\$1,000,000 combined single limit		
Property Damage	(included in combined single limit)	\$0	
Medical Payments	\$5,000 each person		176
Comprehensive			209
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			588
See Auto Coverage Schedule	Limit of liability less deductible		
Subtotal policy premium			\$4,789
State Filing Fee			25
UM Fund Fee			2
Total 12 month policy premium and fees			\$4,816

Auto coverage schedule

- 2011 FORD ECONOLINE** Stated Amount: * \$25,500 (including Permanently Attached Equip)
VIN: **1FBNE3BL3BD02814** Garaging Zip Code: 29483 Radius: 500 miles
Personal use: Y Body type: Passenger Van

Liability Premium	Liability Premium	UM Premium	UIM Premium	Med Pay Premium	
	\$2836	\$460	\$520	\$176	
Physical Damage Premium	Comp/Glass Deductible	Comp/Glass Premium	Collision Deductible	Collision Premium	Auto Total
	\$1,000/\$0	\$209	\$1,000	\$588	\$4,789

*A vehicle's stated amount should indicate its current retail value, including any special or permanently attached equipment. In the event of a total loss, the maximum amount payable is the lesser of the Stated Amount or Actual Cash Value, less deductible. Be sure to check stated amount at every renewal in order to receive the best value from your Progressive Commercial Auto policy.

Premium discount

Policy

Electronic Funds Transfer

Form QUOTE (03/17)

Fax



From: Jessica Doan
Phone:
Fax:
Email: jdoan@aiaasc.com
Company name: Anderson Insurance Associates

To: Janice
Phone:
Fax: 8038965199
Email:
Company name:

Total pages including cover: 4

Comment: